

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	J. L.		3/7/00
O.I.P.E. CLASSIFIER		43	3/15/00
FORMALITY REVIEW	EW	64934	5/4/00
RESPONSE FORMALITY REVIEW	EW	64934	8/15/00

INDEX OF CLAIMS

☒ Rejected
☐ Allowed
☐ (Through numeral) Canceled
☐ Restricted
☐ N Non-elected
☐ I Interference
☐ A Appeal
☐ O Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
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45	✓
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47	✓
48	✓
49	✓
50	✓

Claim	Date
Final Original	
51	✓
52	✓
53	✓
54	✓
55	✓
56	✓
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Claim	Date
Final Original	
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If more than 150 claims or 10 actions
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